

AUTO CR - LOG SUMMARY #1055510

TYPE: INFO

Incident Finding / Overall Case Finding

Description of Incident	Finding	Entered By	Entered Date
It is reported that the involved officers were conducting a warrant investigation at the location of the incident when they entered the backyard area and four dogs came out of a garage and charged at them. The involved officers fired their weapons at them and fatally wounded one of the dogs.	(None Entered)		

Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	MEDRANO, PATRICK J			006 /	SERGEANT OF POLICE	M	S		

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
13-JUL-2012 01:28 - 13-JUL-2012 01:28		0624	006	290 - RESIDENCE	

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
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Other Involved Parties

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Involved Member	WILLIAMS, KESHAUN J	6196		006 /	POLICE OFFICER	M	BLK		
CPD Employee	Involved Member	RODRIGUEZ, TIFFANY B	8051		006 /	POLICE OFFICER	F	BLK		

Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship
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Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Civil Suit Settled Date:	
Notify Chief Administrator?	N	Notify Chief?	
Notify Coordinator?		Notification Does Not Apply?	Y
Notification Other?	N		
Notification Comments:			

Incident Category List

Incident Category	Primary?	Initial?
20B - GROUP 20 - NOTIFICATIONS SHOTS FIRED - DESTRUCTION OF ANIMAL	Y	Y

Investigator History

Investigator History

Investigator	Type	Assigned Team	Assigned Date	Scheduled End Date	Investigation End Date	No. of Days
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Extension History

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments
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Current Allegations

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding
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Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?
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Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	07-DEC-2012 11:23	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
CLOSED AT C.O.P.A.	07-DEC-2012 11:23	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN TEAM	08-AUG-2012 09:46	DEAN, BRUCE	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	08-AUG-2012 07:24	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	08-AUG-2012 07:24	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	13-JUL-2012 03:25	NUFIO, OSCAR	INVESTIGATOR I COPA	113 /	

Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	FACE SHEET					NUFIO, OSCAR	13-JUL-2012 03:25			
	DOCUMENTS - INTAKE INCIDENT		20	Williams-(1)Document of Meeks	N	TOUSANT, LISA	08-AUG-2012 06:59	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	PO Meeks, #8051	N	NUFIO, OSCAR	17-JUL-2012 02:54	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		14	Meeks	N	TOUSANT, LISA	08-AUG-2012 07:02	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	PO Williams, #6196	N	NUFIO, OSCAR	17-JUL-2012 02:55	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		1	Destruction of an animal	N	TOUSANT, LISA	08-AUG-2012 07:20	APPROVED		

Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Accused Finding History

Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
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Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments
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Findings

Accused Name	Allegations	Category	Concur?	Findings	Comments
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FACE SHEET (Notification Date: 13-JUL-2012) - LOG #1055510

TYPE: INFO

Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	MEDRANO, PATRICK J			006 /	SERGEANT OF POLICE	M	S		

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
13-JUL-2012 01:28 - 13-JUL-2012 01:28		0624	006	290 - RESIDENCE	

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
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Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Notify Chief?	
Notify Chief Administrator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		

Initial Incident Category List

Initial Incident Category	Primary?
20B - GROUP 20 - NOTIFICATIONS SHOTS FIRED - DESTRUCTION OF ANIMAL	Y

Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IPRA	CIVILIAN OFFICE OF POLICE ACCOUNTABILITY	-	13-JUL-2012 15:25	NUFIO, OSCAR	

Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	07-DEC-2012 11:23	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
CLOSED AT C.O.P.A.	07-DEC-2012 11:23	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN TEAM	08-AUG-2012 09:46	DEAN, BRUCE	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	08-AUG-2012 07:24	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	08-AUG-2012 07:24	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	13-JUL-2012 03:25	NUFIO, OSCAR	INVESTIGATOR I COPA	113 /	

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED		1 DATE OF INCIDENT 13-JUL-2012		TIME 13:28:00		2 ADDRESS OF OCCURRENCE [REDACTED]		3 LOCATION CODE 092		4 BEAT/OCCUR 0624	
		6 POSITION 9161		5 LAST NAME MEEEKS		7 FIRST NAME TIFFANY B		8 STAR NO 8051		9 SEX <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F	
SUBJECT INFORMATION		10 RACE CODE BLK		11 AGE [REDACTED]		12 HT 503		13 WT 126			
		14 DATE OF APPT 18-DEC-2006		15 EMPLOYEE NO [REDACTED]		16 UNIT & BEAT OF ASSIGNMENT 006 0661B		17 DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18 MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	
REASON FOR USE OF FORCE (Check all that apply)		20 LAST NAME [REDACTED]		21 FIRST NAME [REDACTED]		22 MI [REDACTED]		23 SEX <input type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24 RACE [REDACTED]	
		25 DOB [REDACTED]		26 HT [REDACTED]		27 WT [REDACTED]		28 ADDRESS [REDACTED]		29 TELEPHONE NO [REDACTED]	
WEAPON DISCHARGE INCIDENT		30 WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31 SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32 SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		33 WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]		34 BY WHOM? [REDACTED]	
		35 CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid		36 CHARGES PLACED [REDACTED]		37 CB NO [REDACTED]		38 DNA <input checked="" type="checkbox"/> DNA		39 DNA <input type="checkbox"/> DNA	
CASE INFO.		38 DNA <input checked="" type="checkbox"/> DNA		39 DNA <input type="checkbox"/> DNA		40 ADDITIONAL INFORMATION THERE WERE SEVERAL DOGS RUNNING AND GROWLING TOWARDS P.O. MEEEKS#8051 PLACING HER IN FEAR OF RECEIVING SERIOUS/FATAL INJURY. THEREFORE P.O MEEEKS#8051 DISCHARGED HER FIREARM AT THE DOGS.		41 WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42 INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors	
		43 LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44 WEATHER CONDITIONS CLEAR		45 MAKE/MANUFACTURER SIG. I G / SWISS INDUSTRIAL GESELLSCHAFT - SZ-		46 MODEL P239		47 BARREL LENGTH 3.5	
SIGNATURES		48 CALIBER/GAUGE 9 MM		49 TASER DART ID NO [REDACTED]		50 WEAPON SERIAL NO (Include Letters) [REDACTED]		51 CHICAGO GUN REG NO [REDACTED]		52 IL FIREARM OWNER ID NO [REDACTED]	
		53 HANDGUN CERTIFICATE NO [REDACTED]		54 SPECIAL WEAPON CERTIFICATE NO [REDACTED]		55 PROPERTY INVENTORY NO [REDACTED]		56 TYPE OF AMMUNITION USED Department Issued		57 NO OF WEAPONS DISCHARGED BY THIS MEMBER 1	
70 EVENT NO		58 TOTAL NO OF SHOTS MEMBER FIRED 3		59 WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)		60 WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		61 NO OF CARTRIDGES/ SHOT SHELLS RELOADED [REDACTED]		62 HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT SIDE (WAIST) <input checked="" type="checkbox"/> 02 LT SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)	
		63 HOW WAS MEMBER'S HANDGUN DRAWN <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64 SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]		65 DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		66 DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) HOLSTER		67 DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input checked="" type="checkbox"/> 01 0 - 05 FT <input type="checkbox"/> 02 05 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT	
71 RG NO		68 PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input checked="" type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69 POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (Specify)		72 NOTIFICATIONS (OC OR TASER INCIDENT) <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT & W.C./DIST OF OCCUR		73 NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT & W.C./DIST OF OCCUR <input checked="" type="checkbox"/> OP COMMAND <input checked="" type="checkbox"/> DET. DIV.		74 MEMBERS WILL ENSURE THAT ALL REQUIRED NOTIFICATIONS AND ALL WITNESSES TO THIS USE OF FORCE ARE DOCUMENTED IN THE APPROPRIATE CASE REPORT.	
		73 REPORTING MEMBER (Print Name) MEEEKS, TIFFANY B		STAR/EMPLOYEE NO 8051		SIGNATURE [REDACTED]		74 REVIEWING SUPERVISOR (Print Name) MUHAMMAD, RAHMAN S		STAR NO 1856	
75 DATE REVIEWED		75 DATE REVIEWED 13-JUL-2012 14:43:25		76 DATE REVIEWED 13-JUL-2012 14:52:36		77 TIME 13-JUL-2012 14:52:36		78 TIME 13-JUL-2012 14:52:36		79 TIME 13-JUL-2012 14:52:36	
		79 TIME 13-JUL-2012 14:52:36		80 TIME 13-JUL-2012 14:52:36		81 TIME 13-JUL-2012 14:52:36		82 TIME 13-JUL-2012 14:52:36		83 TIME 13-JUL-2012 14:52:36	

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM 2) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR, 3) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING 1) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON, 2) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON, 3) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2

75 SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☒ DNA

☐ REFUSED

☐ UNABLE TO INTERVIEW (Specify Reason)

Shots fired at stray dogs

76 WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

R/Capt. was not present during the time of this incident. Based on the information documented in this report, I have concluded that the member's actions were in compliance with Department procedures and directives.

77 WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO /CRNO 1055510 OBTAINED

78 WATCH COMMANDER/OCIC (Print Name)

MORADO, JUAN

SIGNATURE

DATE COMPLETED TIME

13-JUL-2012 19:27:18

79 DISTRIBUTION OF ORIGINAL TRR

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS

ATTACHMENTS - PHOTOCOPIES OF

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☐ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I O D REPORT

☐ CR INITIATION REPORT

80 TOTAL TRR's THIS EVENT No

2

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED		1 DATE OF INCIDENT 13-JUL-2012		TIME 13:28:00		3 LOCATION CODE 303		4 BEAT/OCCUR 0624	
		5 POSITION 9161		6 LAST NAME WILLIAMS		7 FIRST NAME KESHAUN J		8 STAR NO 6196	
SUBJECT INFORMATION		9 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10 RACE CODE BLK		11 AGE 508		12 HT. 188	
		13 WT 188		14 DATE OF APPT 27-AUG-2007		15 EMPLOYEE NO 006		16 UNIT & BEAT OF ASSIGNMENT 0661B	
REASON FOR USE OF FORCE (Check all that apply)		17 DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18 MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19 MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No			
		20 LAST NAME		21 FIRST NAME		22 M.I.		23 SEX <input type="checkbox"/> 01 M <input type="checkbox"/> 02 F	
WEAPON DISCHARGE INCIDENT		24 RACE		25 D.O.B.		26 HT.		27 WT.	
		28 ADDRESS		29 TELEPHONE NO		30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31 SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	
CASE INFO.		32 SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		33 WHERE WAS MEDICAL TREATMENT OBTAINED?		34 BY WHOM?		35 CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence	
		36 CHARGES PLACED <input checked="" type="checkbox"/> DNA		37 CB NO		IR NO		<input checked="" type="checkbox"/> DNA	
SIGNATURES		38		39		40		41	
		42		43		44		45	
MEMBER'S RESPONSE		46		47		48		49	
		50		51		52		53	
SUBJECT'S ACTIONS		54		55		56		57	
		58		59		60		61	
WEAPON DISCHARGE INCIDENT		62		63		64		65	
		66		67		68		69	
WEAPON DISCHARGE INCIDENT		70		71		72		73	
		74		75		76		77	
WEAPON DISCHARGE INCIDENT		78		79		80		81	
		82		83		84		85	
WEAPON DISCHARGE INCIDENT		86		87		88		89	
		90		91		92		93	
WEAPON DISCHARGE INCIDENT		94		95		96		97	
		98		99		100		101	
WEAPON DISCHARGE INCIDENT		102		103		104		105	
		106		107		108		109	
WEAPON DISCHARGE INCIDENT		110		111		112		113	
		114		115		116		117	
WEAPON DISCHARGE INCIDENT		118		119		120		121	
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WEAPON DISCHARGE INCIDENT		126		127		128		129	
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WEAPON DISCHARGE INCIDENT		134		135		136		137	
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WEAPON DISCHARGE INCIDENT		198		199		200		201	
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WEAPON DISCHARGE INCIDENT		214		215		216		217	
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WEAPON DISCHARGE INCIDENT		238		239		240		241	
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WEAPON DISCHARGE INCIDENT		246		247		248		249	
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WEAPON DISCHARGE INCIDENT		270		271		272		273	
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WEAPON DISCHARGE INCIDENT		278		279		280		281	
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WEAPON DISCHARGE INCIDENT		310		311		312		313	
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WEAPON DISCHARGE INCIDENT		326		327		328		329	
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WEAPON DISCHARGE INCIDENT		334		335		336		337	
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WEAPON DISCHARGE INCIDENT		342		343		344		345	
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WEAPON DISCHARGE INCIDENT		350		351		352		353	
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WEAPON DISCHARGE INCIDENT		358		359		360		361	
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WEAPON DISCHARGE INCIDENT		366		367		368		369	
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WEAPON DISCHARGE INCIDENT		374		375		376		377	
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WEAPON DISCHARGE INCIDENT		382		383		384		385	
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WEAPON DISCHARGE INCIDENT		390		391		392		393	
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WEAPON DISCHARGE INCIDENT		398		399		400		401	
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WEAPON DISCHARGE INCIDENT		406		407		408		409	
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WEAPON DISCHARGE INCIDENT		414		415		416		417	
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WEAPON DISCHARGE INCIDENT		422		423		424		425	
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WEAPON DISCHARGE INCIDENT		430		431		432		433	
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WEAPON DISCHARGE INCIDENT		438		439		440		441	
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WEAPON DISCHARGE INCIDENT		446		447		448		449	
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WEAPON DISCHARGE INCIDENT		454		455		456		457	
		458		459		460		461	
WEAPON DISCHARGE INCIDENT		462		463		464		465	
		466		467		468		469	
WEAPON DISCHARGE INCIDENT		470		471		472		473	
		474		475		476		477	
WEAPON DISCHARGE INCIDENT		478		479		480		481	
		482		483		484		485	
WEAPON DISCHARGE INCIDENT		486		487		488		489	
		490		491		492		493	
WEAPON DISCHARGE INCIDENT		494		495		496		497	
		498		499		500		501	
WEAPON DISCHARGE INCIDENT		502		503		504		505	
		506		507		508		509	
WEAPON DISCHARGE INCIDENT		510		511		512		513	
		514		515		516		517	
WEAPON DISCHARGE INCIDENT		518		519		520		521	
		522		523		524		525	
WEAPON DISCHARGE INCIDENT		526		527		528		529	
		530		531		532		533	
WEAPON DISCHARGE INCIDENT		534		535		536		537	
		538		539		540		541	
WEAPON DISCHARGE INCIDENT		542		543		544		545	
		546		547		548		549	
WEAPON DISCHARGE INCIDENT		550		551		552		553	
		554		555		556		557	
WEAPON DISCHARGE INCIDENT		558		559		560		561	
		562		563		564		565	
WEAPON DISCHARGE INCIDENT		566		567		568		569	
		570		571		572		573	
WEAPON DISCHARGE INCIDENT		574		575		576		577	
		578		579		580		581	
WEAPON DISCHARGE INCIDENT		582		583		584		585	
		586		587		588		589	
WEAPON DISCHARGE INCIDENT		590		591		592		593	
		594		595		596		597	
WEAPON DISCHARGE INCIDENT		598		599		600		601	
		602		603		604		605	
WEAPON DISCHARGE INCIDENT		606		607		608		609	
		610		611		612		613	
WEAPON DISCHARGE INCIDENT		614		615		616		617	
		618		619		620		621	
WEAPON DISCHARGE INCIDENT		622		623		624		625	
		626		627		628		629	
WEAPON DISCHARGE INCIDENT		630		631		632		633	
		634		635		636		637	
WEAPON DISCHARGE INCIDENT		638		639		640		641	
		642		643		644		645	
WEAPON DISCHARGE INCIDENT		646		647		648		649	
		650		651		652		653	
WEAPON DISCHARGE INCIDENT		654		655		656		657	
		658		659		660		661	
WEAPON DISCHARGE INCIDENT		662		663		664		665	
		666		667		668		669	
WEAPON DISCHARGE INCIDENT		670		671		672		673	

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM, 2) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR, 3) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON

THE AOS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON, 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON, 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

Shots fired at stray dogs

☒ DNA

☐ REFUSED

☐ UNABLE TO INTERVIEW (Specify Reason)

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

R/Capt. was not present during the time of this incident. Based on the information documented in this report, I have concluded that the member's actions were in compliance with Department procedures and directives.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO /CRNO 1055510 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

MORADO, JUAN

SIGNATURE

[Redacted Signature]

DATE COMPLETED

TIME

13-JUL-2012 19:27:37

79. DISTRIBUTION OF ORIGINAL TRR

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS

ATTACHMENTS - PHOTOCOPIES OF:

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☐ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I O D REPORT

☐ CR INITIATION REPORT

80. TOTAL TRR'S THIS EVENT No

2

Last Name: William S

First Name: Keshawn

Rank: Police Officer

Star #: 705W 6196

Unit: 006

Home Zip Code: 60629

Date Hired: 27 AUG 07

Birthdate: [REDACTED]

TEST RECORD
RBT IV

RBT IU# [REDACTED]
DATE 07-13-12
TEST NO. 0499
ID#
105126
AS IU# [REDACTED]
TEMPERATURE 23 C

SUBJECT TEST
%BAC TIME

.000 BLANK
.000 AUTO 15:59

SUBJECT

OPERATOR

Perris #1184

WITNESS

006 # DIST

TEST LOCATION

1055510

TEST RECORD
RBT IV

RBT IU# [REDACTED]
DATE 07-13-12
TEST NO. 0499
ID#
105126
AS IU# [REDACTED]
TEMPERATURE 23 C

SUBJECT TEST
%BAC TIME

.000 BLANK
.000 AUTO 15:59

SUBJECT

OPERATOR

Perris #1184

WITNESS

006 # DIST

TEST LOCATION

CL 1055510



NOTICE OF ALCOHOL AND DRUG TESTING FOLLOWING A FIREARMS DISCHARGE INCIDENT

CHICAGO POLICE DEPARTMENT

TO: Involved Member's Name Keshawn Williams Title PO
Star No. 6196 Employee No. [REDACTED] Unit 006

The applicable collective bargaining agreements and policy of the Chicago Police Department require those involved in a firearms discharge incident to undergo testing for the presence of alcohol and drugs. You are hereby ordered to submit to this testing and are required to take an alcohol breath test and provide a urine specimen.

Any refusal to take the required tests or refusal to fully comply with the testing procedures will be treated as a violation of Department Rules and will subject you to discipline up to and including separation.

I acknowledge and understand this notice of testing.

Print Member's Name	Involved Member's Signature	Date and Time
Keshawn Williams	X Keshawn Williams	13 Jul 12 / 1459

Type of Test	Alcohol	Location	Date and Time
		006 th District	13 Jul 12 1559

Type of Test	Drug	Location	Date and Time
		006 th District	13 Jul 12 1610

I have provided notice to the involved member and conducted the alcohol and drug testing as indicated.

B.I.A. Supervisor's Name	B.I.A. Supervisor's Signature	Date and Time
SAT Christopher Peris	SAT Christopher Peris	13 July 12 1620

CPD-44.252 (REV. 11/11)

DISTRIBUTION: ORIGINAL - TO B.I.A. SUPERVISOR, COPY - TO INVOLVED MEMBER

TEST RECORD
RBT IV

RBT IV# [REDACTED]
DATE 07-13-12
TEST NO. 0499
ID#
105126
AS IV# [REDACTED]
TEMPERATURE 23 C

SUBJECT TEST
%BAC
TIME
0.000 BLANK
0.000 AUTO 15 59

SUBJECT

[REDACTED]

OPERATOR

PERVIS 1184

WITNESS

006 DIST

TEST LOCATION

CL 1055510

DRUG TEST SPECIMEN AFFIDAVIT

CHICAGO POLICE DEPARTMENT

INSTRUCTIONS: Prepare in duplicate. Original (White) to Collection Unit; copy (Yellow) to member.

Donor I.D. verified

☒ Photo I. D. by Sgt. C. Pettis # 1184

☐ Employer Representative

Signature of Employer Representative

PART I -

A. On the 13 day of July, 2012 at 1610, I, Keshawn Williams,
(TIME) (PRINT NAME)
removed the foil-top seal from a cup, and then removed the contents from the cup. I urinated into this
same cup, then I delivered this cup containing my urine specimen to Sgt. C. Pettis,
and witnessed this member: (PRINT RECEIVING STAFF MEMBER'S NAME)

B. Break the Tamper Evident Plastic Filament Link
between the cap and the base of the vial.

C. Pour a portion of my urine specimen into a vial
with the control number printed on it's side.

A	B
MAIN TEST VIAL - NO.	ALTERNATE TEST VIAL - NO.

D. Close the vial cap.

E. Seal the vial with a piece of evidence tape which was placed across the cap and down both sides of the vial.
I then initialed the evidence tape with specimen ID number

F. Place my specimen in a bag which was closed with self adhesive tape. Then I initialed the barcode
label on bag with the number

EXAMINEE'S SIGNATURE

STAR/EMP NO.

WITNESS'S SIGNATURE

STAR/EMP NO.

RECEIVING STAFF MEMBER'S SIGNATURE

STAR/EMP NO.

SUPERVISOR'S SIGNATURE

STAR/EMP NO.

PART II -

The urine specimen with the control number _____ was delivered and then secured in the
appropriate Random Drug Testing Unit refrigerator/freezer compartment by

(STAFF MEMBER'S SIGNATURE)

(DATE)

(TIME)

(EXAMINEE'S INITIALS)

PART III -

I attest that the sealed urine specimen bag containing specimen ID number _____

was removed from the Random Drug Testing Unit refrigerator by _____

(RDTU MEMBER)

and then delivered to _____

(LAB MEMBER)

, on _____

(DATE)

, at _____

(TIME)

Specimen received by _____

(LAB MEMBER'S INITIALS)

(RDTU MEMBER'S SIGNATURE)

STAR/EMP NO.

SPECIMEN ID NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO

A. Employer Name, Address, I.D. No.

B. MRO Name, Address, Phone and Fax No.

C. Donor SSN or Employee I.D. No.

D. Donor Name: Last:

First:

E. Donor ID Verified:

☒ Photo ID

☐ Emp. Rep.

F. Reason for Test:

☐ Pre-employment (1)

☐ Random (3)

☐ Reasonable Suspicion/Cause (5)

☐ Post-Accident (2)

☐ Promotion (22)

☐ Return to Duty (6)

☐ Follow-up (23)

☒ Other (specify) (99)

G. Drug Tests to be Performed:

WEAPONS DISCHARGE
PER FOP CONTRACT

H. Collection Site Name: 006th District

Address: 7808 S MAISON

City, State and Zip: CHGO IL

Collection Site Code:

Collector Phone No.

Collector Fax No.

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? ☒ Yes ☐ No, Enter Remark

Specimen Collection

☐ Split

☒ Single

☐ None Provided (Enter Remark)

☒ Observed (Enter Remark)

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements

Signature of Collector
(Print) Collector's Name (First, MI, Last)

Time of Collection
Date (Mo /Day/Yr)

SPECIMEN BOTTLE(S) RELEASED TO:

☒ Quest Diagnostics Courier ☐ FedEx

☐ Other

Name of Delivery Service Transferring Specimen to Lab

RECEIVED
AT LAB: ☒

Signature of Accessioner

(Print) Accessioner's Name (First, MI, Last)

Date (Mo /Day/Yr)

**Primary Specimen
Bottle Seal Intact:**

☐ Yes

☒ No, Enter Remark

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5: COMPLETED BY DONOR

I certify that I provided my specimen to the collector, that I have not adulterated it in any manner, each specimen bottle used was sealed with a tamper-evident seal in my presence, and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct

Signature of Donor

(PRINT) Donor's Name (First, MI, Last)

Date (Mo /Day/Yr)

Daytime Phone No.

Evening Phone No.

Date of Birth

Mo Day Yr

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable requirements, my determination/verification is

☐ NEGATIVE

☐ POSITIVE

☐ TEST CANCELLED

☐ REFUSAL TO TEST BECAUSE:

☐ DILUTE

☐ ADULTERATED

☐ SUBSTITUTED

REMARKS

☒

Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo /Day/Yr)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SECONDARY SPECIMEN

In accordance with applicable requirements, my determination/verification for the split specimen (if tested) is

☐ RECONFIRMED

☐ FAILED TO RECONFIRM - REASON

☒

Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo /Day/Yr)

COPY 2 MEDICAL REVIEW OFFICER COPY

CPD 0081220

RANDOM DRUG TESTING UNIT
ALTERNATE COLLECTION RECEIPT

On the 13 day of July 2014, C. P. MOE # 2683,
received a collected urine specimen from X Christopher Perris # 1184. The specimen
was delivered in sealed / unsealed condition and was received in packaging described as:

Select One ☒ A clear and blue CPD evidence/property bag containing two tape-sealed vials (including
one within a sealed Quest Diagnostics specimen bag).

or

☐

The packaging was then opened by C. P. MOE in the presence
of X Christopher Perris. The following items were removed from the container:

Select One ☒ One tape-sealed vial labeled # [REDACTED] within a sealed Quest
Diagnostics specimen bag and one tape-sealed vial labeled # [REDACTED]

or

☐

The specimen vials were then placed in the Random Drug Testing Unit collection site refrigerator/freezer
by C. P. MOE, as witnessed by X Christopher Perris.

Specimen delivered by:

[Signature]
Signature

1184

Received/stored by:

[Signature]
Signature

26836

INC 2.

PROP. INVENTORY NO.

DATE RECEIVED

MANNER RECEIVED

☐ MAIL
☐ COUNTER
☐ CRIME LAB
☐ OTHER-
DESCRIBE

REPORTING OFFICER

STAR NO.

E & RPS RECEIVING OFFICER

STAR NO.

ITEMS - DESCRIBE

WD #

UNIT \$

Sgt. C Petts #1184
EVIDENCE - PROPERTY ENVELOPE

EVIDENCE & RECOVERED PROPERTY SECTION

CHICAGO POLICE DEPARTMENT

14-559-A

SEAL WITHIN WHITE AREA

11/8/84

11/8/84

Last Name: MEEKS
First Name: Tiffany
Rank: P.O.
Star #: 8051
Unit: 006
Home Zip Code: 606
Date Hired: 18 Dec 2006
Birthdate: [REDACTED]

CPD 0081223

copy TS

01113112

DRUG TEST SPECIMEN AFFIDAVIT

CHICAGO POLICE DEPARTMENT

INSTRUCTIONS: Prepare in duplicate. Original (White) to Collection Unit; copy (Yellow) to member.

Donor I.D. verified

☒ Photo I. D. by Sgt. J. Hermann #923
☐ Employer Representative _____

Signature of Employer Representative

PART I - A. On the 13 day of July, 2012 at 1535, I, Tiffany MEEKS,
(TIME) (PRINT NAME)
removed the foil-top seal from a cup, and then removed the contents from the cup. I urinated into this
same cup, then I delivered this cup containing my urine specimen to Sgt. J. Hermann,
and witnessed this member: (PRINT RECEIVING STAFF MEMBER'S NAME)

B. Break the Tamper Evident Plastic Filament Link
between the cap and the base of the vial.

C. Pour a portion of my urine specimen into a vial
with the control number printed on it's side.

A	B
MAIN TEST VIAL - NO.	ALTERNATE TEST VIAL - NO.
[REDACTED]	[REDACTED]

D. Close the vial cap.

E. Seal the vial with a piece of evidence tape which was placed across the cap and down both sides of the vial.
I then initialed the evidence tape with specimen ID number [REDACTED]

F. Place my specimen in a bag which was closed with self adhesive tape. Then I initialed the barcode
label on bag with the number 35657943 [REDACTED]

EXAMINEE'S SIGNATURE

X Sgt. MEEKS

STAR/EMP NO.

851

WITNESS'S SIGNATURE

Sgt. [REDACTED]

STAR/EMP NO.

1923

RECEIVING STAFF MEMBER'S SIGNATURE

Sgt. [REDACTED]

STAR/EMP NO.

1923

SUPERVISOR'S SIGNATURE

STAR/EMP NO.

PART II -

The urine specimen with the control number 35657943 was received and then secured in the
appropriate Random Drug Testing Unit refrigerator/freezer compartment by:

(STAFF MEMBER'S SIGNATURE)

, on

(DATE)

, at

(TIME)

(EXAMINEE'S INITIALS)

PART III -

I attest that the sealed urine specimen bag containing specimen ID number _____

was removed from the Random Drug Testing Unit refrigerator by _____

(RDTU MEMBER)

and then delivered to _____

(LAB MEMBER)

, on

(DATE)

, at

(TIME)

Specimen received by _____

(LAB MEMBER'S INITIALS)

(RDTU MEMBER'S SIGNATURE)

STAR/EMP NO.

SPECIMEN ID NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.

B. MRO Name, Address, Phone and Fax No.

C. Donor SSN or Employee I.D. No.

D. Donor Name:

Last

First

E. Donor ID Verified:



Photo ID



Emp Rep.

F. Reason for Test



Pre-employment (1)



Random (3)



Reasonable Suspicion/Cause (5)



Post-Accident (2)



Promotion (22)



Return to Duty (6)



Follow-up (23)



Other (specify) (99)

G. Drug Tests to be Performed

Weapons Discharge
per FBI contact

H. Collection Site Name: Colum District

Collection Site Code:

Address:

City, State and Zip:

Collector Phone No.:

Collector Fax No.:

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? ☒ Yes ☐ No, Enter Remark

Specimen Collection:



Split



Single



None Provided (Enter Remark)



Observed (Enter Remark)

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s) Donor initials seal(s) Donor completes STEP 5.

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements

X

Signature of Collector

Time of Collection

AM

PM

Date (Mo./Day/Yr)

SPECIMEN BOTTLE(S) RELEASED TO:



Quest Diagnostics Courier



FedEx



Other

Name of Delivery Service Transferring Specimen to Lab

RECEIVED

AT LAB: X

Signature of Accessioner

(Print) Accessioner's Name (First, MI, Last)

Date (Mo./Day/Yr)

Primary Specimen Bottle Seal Intact



Yes



No, Enter Remark

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5: COMPLETED BY DONOR

I certify that I provided my specimen to the collector, that I have not adulterated it in any manner, each specimen bottle used was sealed with a tamper-evident seal in my presence, and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct

X

Signature of Donor

(PRINT) Donor's Name (First, MI, Last)

Date (Mo./Day/Yr)

Daytime Phone No.

Evening Phone No.

Date of Birth

Mo Day Yr

RANDOM DRUG TESTING UNIT

ALTERNATE COLLECTION RECEIPT

On the 13 day of July 2012, I C. P. MOE # 26836
received a collected urine specimen from X Christopher Pettis # 1184. The specimen
was delivered in sealed / unsealed condition and was received in packaging described as

Select One ☒ A clear and blue CPD evidence/property bag containing two tape-sealed vials (including
one within a sealed Quest Diagnostics specimen bag)

or

☐

The packaging was then opened by C. P. MOE in the presence
of X Christopher Pettis. The following items were removed from the container

Select One ☒ One tape-sealed vial labeled # [REDACTED] within a sealed Quest
Diagnostics specimen bag and one tape-sealed vial labeled # [REDACTED]

or

☐

The specimen vials were then placed in the Random Drug Testing Unit collection site refrigerator/freezer
by C. P. MOE, as witnessed by X Christopher Pettis

Specimen delivered by: [Signature] # 1184
Signature

Received/stored by: [Signature] # 26836
Signature



NOTICE OF ALCOHOL AND DRUG TESTING FOLLOWING A FIREARMS DISCHARGE INCIDENT

CHICAGO POLICE DEPARTMENT

TO: Involved Member's Name Tiffany MEEKS Title P.O.
Star No. 8051 Employee No. [REDACTED] Unit 006

The applicable collective bargaining agreements and policy of the Chicago Police Department require those involved in a firearms discharge incident to undergo testing for the presence of alcohol and drugs. You are hereby ordered to submit to this testing and are required to take an alcohol breath test and provide a urine specimen.

Any refusal to take the required tests or refusal to fully comply with the testing procedures will be treated as a violation of Department Rules and will subject you to discipline up to and including separation.

I acknowledge and understand this notice of testing.

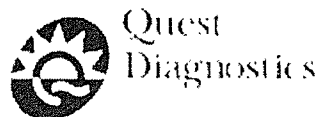
Print Member's Name		Involved Member's Signature	Date and Time
Tiffany MEEKS		<i>Tiffany MEEKS</i>	13 July 12 / 1455

Type of Test: Alcohol	Location: 006 th District	Date and Time: 13 July 12 1525
Type of Test: Drug	Location: 006 th District	Date and Time: 13 July 12 1535

I have provided notice to the involved member and conducted the alcohol and drug testing as indicated.

B.I.A. Supervisor's Name	B.I.A. Supervisor's Signature	Date and Time
Sgt. J. Hermann	<i>J. Hermann</i>	13 July 12 1540

DISTRIBUTION: ORIGINAL - TO B.I.A. SUPERVISOR, COPY - TO INVOLVED MEMBER



7/25/2012 7:05:08 PM

Drug Detail Report

PATIENT INFORMATION

Quest Diagnostics Employer Solutions
Customer Care 800-877-7484

Primary ID: [REDACTED]

SPECIMEN INFORMATION

REQUISITION [REDACTED]
LAB REF NO [REDACTED]
COLLECTED 7/13/2012 15:35
RECEIVED 7/18/2012 09:19
REPORTED 7/18/2012 14:30
DOCUMENT ID

CLIENT INFORMATION

[REDACTED]
CHICAGO POLICE DEPT
3510 S MICHIGAN AVE
CHICAGO, IL 60653

Reason: OTHER -- WEAPONS DISCHARGE PER FOP CO

Tests Ordered: 35190N

Integrity Checks

Acceptable Range

CREATININE	111.9 mg/dL	>= 20 mg/dL
pH	5.9	4.5-8.9
OXIDIZING ADULTERANTS	Negative	

Substance Abuse Panel

	Initial Test Level	GC/MS Confirm Test Level
--	-----------------------	-----------------------------

AMPHETAMINES	Negative	1000 ng/mL	500 ng/mL
BARBITURATES	Negative	300 ng/mL	200 ng/mL
BENZODIAZEPINES	Negative	300 ng/mL	200 ng/mL
COCAINE METABOLITES	Negative	300 ng/mL	150 ng/mL
MARIJUANA METABOLITES	Negative	50 ng/mL	15 ng/mL
METHADONE	Negative	300 ng/mL	200 ng/mL
METHAQUALONE	Negative	300 ng/mL	200 ng/mL
OPIATES	Negative	2000 ng/mL	2000 ng/mL
PHENCYCLIDINE	Negative	25 ng/mL	25 ng/mL
PROPOXYPHENE	Negative	300 ng/mL	200 ng/mL

CERTIFYING SCIENTIST: K SVC01

SPECIMEN RECEIVED AND PROCESSED IN THE

LAB: Quest Diagnostics-Lenexa
10101 Renner Blvd
Lenexa KS 66219

ADDITIONAL COMMENTS:

Test Type: WEAPONS DISCHARGE PER FOP CO mapped to OTHR

Last Name: William S
First Name: Keshawn
Rank: Police officer
Star #: 408W 6196
Unit: 006
Home Zip Code: 60629
Date Hired: 27 AUG 07
Birthdate: [REDACTED]

07/13/12

[REDACTED]

copy TS

DRUG TEST SPECIMEN AFFIDAVIT

CHICAGO POLICE DEPARTMENT

INSTRUCTIONS: Prepare in duplicate. Original (White) to Collection Unit; copy (Yellow) to member.

Donor I.D. verified

☒ Photo I. D. by Sgt. C. Pettis #1184

☐ Employer Representative

Signature of Employer Representative

PART I -

A. On the 13 day of July, 2012 at 1610, I, Keshavn Williams
(TIME) (PRINT NAME)

removed the foil-top seal from a cup, and then removed the contents from the cup. I urinated into this same cup, then I delivered this cup containing my urine specimen to Sgt. C. Pettis
and witnessed this member: (PRINT RECEIVING STAFF MEMBER'S NAME)

B. Break the Tamper Evident Plastic Filament Link between the cap and the base of the vial.

C. Pour a portion of my urine specimen into a vial with the control number printed on it's side.

A	B
MAIN TEST VIAL - NO.	ALTERNATE TEST VIAL - NO.

D. Close the vial cap.

E. Seal the vial with a piece of evidence tape which was placed across the cap and down both sides of the vial. I then initialed the evidence tape with specimen ID number

F. Place my specimen in a bag which was closed with self adhesive tape. Then I initialed the barcode label on bag with the number

EXAMINEE'S SIGNATURE

STAR/EMP NO.

WITNESS'S SIGNATURE

STAR/EMP NO.

RECEIVING STAFF MEMBER'S SIGNATURE

STAR/EMP NO.

SUPERVISOR'S SIGNATURE

STAR/EMP NO.

PART II -

The urine specimen with the control number 3867 was received and then secured in the appropriate Random Drug Testing Unit refrigerator/freezer compartment by

(STAFF MEMBER'S SIGNATURE)

(DATE)

(TIME)

(EXAMINEE'S INITIALS)

PART III -

I attest that the sealed urine specimen bag containing specimen ID number

was removed from the Random Drug Testing Unit refrigerator by

(RDTU MEMBER)

and then delivered to

(LAB MEMBER)

(DATE)

(TIME)

Specimen received by

(LAB MEMBER'S INITIALS)

(RDTU MEMBER'S SIGNATURE)

STAR/EMP NO.



NOTICE OF ALCOHOL AND DRUG TESTING FOLLOWING A FIREARMS DISCHARGE INCIDENT

CHICAGO POLICE DEPARTMENT

TO: Involved Member's Name Keshawn WILLIAMS Title PO
Star No. 6196 Employee No. [REDACTED] Unit 006

The applicable collective bargaining agreements and policy of the Chicago Police Department require those involved in a firearms discharge incident to undergo testing for the presence of alcohol and drugs. You are hereby ordered to submit to this testing and are required to take an alcohol breath test and provide a urine specimen

Any refusal to take the required tests or refusal to fully comply with the testing procedures will be treated as a violation of Department Rules and will subject you to discipline up to and including separation

I acknowledge and understand this notice of testing

Print Member's Name <u>Keshawn Williams</u>		Involved Member's Signature <u>[Signature]</u>		Date and Time <u>1530</u>	
Type of Test <u>Alcohol</u>	Location <u>006th District</u>			Date and Time <u>13 Jul 12 1459</u>	
Type of Test <u>Drug</u>	Location <u>006th District</u>			Date and Time <u>13 Jul 12 1559</u>	
				Date and Time <u>13 Jul 12 1610</u>	

I have provided notice to the involved member and conducted the alcohol and drug testing as indicated

B.I.A. Supervisor's Name <u>Sgt Christopher Penix</u>		B.I.A. Supervisor's Signature <u>[Signature]</u>		Date and Time <u>13 July 12 1620</u>	
--	--	---	--	---	--

CPD-44.252 (REV. 11/11)

DISTRIBUTION ORIGINAL - TO B.I.A. SUPERVISOR, COPY - TO INVOLVED MEMBER.

RANDOM DRUG TESTING UNIT

ALTERNATE COLLECTION RECEIPT

On the 13 day of July 2014, I C. P. MOE # 26836
received a collected urine specimen from X Christopher Perris # 1184. The specimen
was delivered in sealed / unsealed condition and was received in packaging described as:

Select One ☒ A clear and blue CPD evidence/property bag containing two tape-sealed vials (including
one within a sealed Quest Diagnostics specimen bag).

or

☐

The packaging was then opened by C. P. MOE in the presence
of X Christopher Perris. The following items were removed from the container:

Select One ☒ One tape-sealed vial labeled # [REDACTED] within a sealed Quest
Diagnostics specimen bag and one tape-sealed vial labeled # [REDACTED]

or

☐

The specimen vials were then placed in the Random Drug Testing Unit collection site refrigerator/freezer
by C. P. MOE, as witnessed by X Christopher Perris.

Specimen delivered by:

[Signature]
Signature

1184

Received/stored by:

[Signature]
Signature

26836

SPECIMEN ID NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.

B. MRO Name, Address, Phone and Fax No.

C. Donor SSN or Employee I.D. No.

D. Donor Name: Last

First

E. Donor ID Verified:

☒ Photo ID

☐ Emp. Rep.

F. Reason for Test:

☐ Pre-employment (1)

☐ Random (3)

☐ Reasonable Suspicion/Cause (5)

☐ Post-Accident (2)

☐ Promotion (22)

☐ Return to Duty (6)

☐ Follow-up (23)

☒ Other (specify) (99)

G. Drug Tests to be Performed:

WEAPONS DISCHARGE
PER FLP CONTRACT

H. Collection Site Name:

Address:

City, State and Zip:

Collection Site Code:

Collector Phone No.:

Collector Fax No.:

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? ☒ Yes ☐ No, Enter Remark

Specimen Collection:

☐ Split

☒ Single

☐ None Provided (Enter Remark)

☒ Observed (Enter Remark)

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements

Signature of Collector

0410

AM

Time of Collection

7 13 2012

Date (Mo /Day/Yr)

SPECIMEN BOTTLE(S) RELEASED TO:

☒ Quest Diagnostics Courier

☐ FedEx

☐ Other

Name of Delivery Service Transferring Specimen to Lab

RECEIVED AT LAB: ☒

Signature of Accessioner

(Print) Accessioner's Name (First, MI, Last)

Date (Mo /Day/Yr)

Primary Specimen Bottle Seal Intact

☐ Yes

☐ No, Enter Remark

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5: COMPLETED BY DONOR

I certify that I provided my specimen to the collector, that I have not adulterated it in any manner, each specimen bottle used was sealed with a tamper-evident seal in my presence, and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct

☒

Signature of Donor

(PRINT) Donor's Name (First, MI, Last)

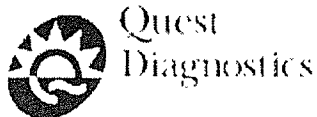
Date (Mo /Day/Yr)

Daytime Phone No. ()

Evening Phone No. ()

Date of Birth

Mo Day Yr



7/25/2012 7 03 48 PM

Drug Detail Report**PATIENT INFORMATION**

Quest Diagnostics Employer Solutions
Customer Care 800-877-7484

Primary ID: [REDACTED]

SPECIMEN INFORMATION

REQUISITION [REDACTED]
LAB REF NO [REDACTED]
COLLECTED 7/13/2012 16 10
RECEIVED 7/18/2012 09 28
REPORTED 7/18/2012 14 30
DOCUMENT ID

CLIENT INFORMATION

[REDACTED]
CHICAGO POLICE DEPT
3510 S MICHIGAN AVE
CHICAGO, IL 60653

Reason: OTHER -- WEAPONS DISCHARGE PER FOP CON

Tests Ordered: 35190N

Integrity Checks**Acceptable Range**

CREATININE	119.1 mg/dL	>/= 20 mg/dL
pH	5.0	4.5-8.9
OXIDIZING ADULTERANTS	Negative	

Substance Abuse Panel

	Initial Test Level	GC/MS Confirm Test Level
AMPHETAMINES	Negative	1000 ng/mL
BARBITURATES	Negative	300 ng/mL
BENZODIAZEPINES	Negative	300 ng/mL
COCAINE METABOLITES	Negative	300 ng/mL
MARIJUANA METABOLITES	Negative	50 ng/mL
METHADONE	Negative	300 ng/mL
METHAQUALONE	Negative	300 ng/mL
OPIATES	Negative	2000 ng/mL
PHENCYCLIDINE	Negative	25 ng/mL
PROPOXYPHENE	Negative	300 ng/mL

CERTIFYING SCIENTIST: K SVC01

SPECIMEN RECEIVED AND PROCESSED IN THE

LAB: Quest Diagnostics-Lenexa
10101 Renner Blvd
Lenexa KS 66219

ADDITIONAL COMMENTS:

Test Type: WEAPONS DISCHARGE PER FOP CON mapped to OTHR

BUREAU OF INTERNAL AFFAIRS
Investigations Division
Special Investigations Section

13 July 2012
C.L. 1055510

TO: Juan J. RIVERA
Chief
Bureau of Internal Affairs

Robert KLIMAS
Commander
Investigations Division, BIA

ATTN: Lt. Susan CLARK
Commanding Officer
Administrative Section / BIA

CC: Lt. Fredrick MELEAN
Commanding Officer
General Investigations Section / BIA

FROM: Sergeant Christopher Pettis
Investigations Division
Special Investigations Section / BIA

SUBJECT: **Synoptic Report for C.L. # 1055510**
(Weapons Discharge Animal)

INVOLVED OFFICERS: Police Officer Tiffany B Meeks
Star # 8051, Unit 006 (On Duty)
Employee # [REDACTED]
Date of Appointment: 18 December 2006
D.O.B. [REDACTED]

BAC RESULTS: .0000

Reference: **Log # 1055510**
WD # [REDACTED]
Event # [REDACTED]

Police Officer Keshawn J Williams
Star # 6196, Unit 006 (On Duty)
Employee # [REDACTED]
Date of Appointment: 27 August 2007
D.O.B. [REDACTED]

BAC RESULTS: .0000

Reference: **Log # 1055510**
WD # [REDACTED]
Event # [REDACTED]

TEST RECORD
PBT IU

RBT IU# [REDACTED]

DATE 07-13-12

TEST NO. 0498

ID#

103758

AS IU# [REDACTED]

TEMPERATURE 23 C

SUBJECT TEST
%BAC TIME

000 BLANK

000 AUTO 15:25

SUBJECT

OPERATOR

Hermann #1923

WITNESS

1055510

TEST LOCATION

TEST RECORD
PBT IU

RBT IU# [REDACTED]

DATE 07-13-12

TEST NO. 0498

ID#

103758

AS IU# [REDACTED]

TEMPERATURE 23 C

SUBJECT TEST
%BAC TIME

000 BLANK

000 AUTO 15:25

SUBJECT

OPERATOR

Hermann #1923

WITNESS

1055510

TEST LOCATION

BUREAU OF INTERNAL AFFAIRS
Investigations Division
Special Investigations Section

13 July 2012
C.L. 1055510

**DATE/TIME/
LOCATION:**

13 July 2012 / 1328 hours [REDACTED]

OCIC / DSS:

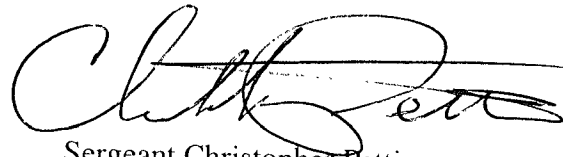
Sergeant RAHMAN MUHAMMAD

SUMMARY:

On 13 July 2012, at 1339 hours, Sergeant Hermann (GIS) was notified by Lt. Melean of a weapons discharge incident concerning on duty police officers in the 006th District. The weapons discharge involved a Female and Male officer. Investigating Sergeant Pettis met Investigating Sergeant Hermann in the 006th district to conduct breathalyzers and collect urine samples from both involved officers.

Sergeant Herman started the observation period of P.O. Tiffany Meeks at 1455 hours. P.O. Tiffany Meeks supplied a breath test sample, administered by Sergeant Herman, at 1525 hours, which resulted in a BAC result of .0000. P.O. Tiffany Meeks supplied a urine sample to Sergeant Hermann at 1535 hours.

P.O. Keshaun Williams's observation period started at 1530 hours. P.O. Keshaun Williams supplied a breath test sample, administered by Sergeant Pettis, at 1559 hours, which resulted in a BAC result of .0000. P.O. Keshaun Williams supplied a urine sample to Sergeant Pettis at 1610 hours.



Sergeant Christopher Pettis
Investigations Division
Special Investigations Section / BIA

APPROVED:



Lt. Susan CLARK
Commanding Officer
Administrative Section / BIA



NOTICE OF ALCOHOL AND DRUG TESTING FOLLOWING A FIREARMS DISCHARGE INCIDENT

CHICAGO POLICE DEPARTMENT

TO: Involved Member's Name Tiffany MEEKS Title P.O.
Star No. 8051 Employee No. [REDACTED] Unit 006

The applicable collective bargaining agreements and policy of the Chicago Police Department require those involved in a firearms discharge incident to undergo testing for the presence of alcohol and drugs. You are hereby ordered to submit to this testing and are required to take an alcohol breath test and provide a urine specimen.

Any refusal to take the required tests or refusal to fully comply with the testing procedures will be treated as a violation of Department Rules and will subject you to discipline up to and including separation.

I acknowledge and understand this notice of testing.

Print Member's Name		Involved Member's Signature	Date and Time
Tiffany MEEKS		<i>Tiffany MEEKS</i>	13 July 12 / 1455

Type of Test	Location	Date and Time
Alcohol	006 th District	13 July 12 1525
Drug	006 th District	13 July 12 1535

I have provided notice to the involved member and conducted the alcohol and drug testing as indicated.

B.I.A. Supervisor's Name	B.I.A. Supervisor's Signature	Date and Time
Sgt. J. Hermann	<i>J. Hermann</i>	13 July 12 1545

CPD-44.252 (REV. 11/11)

DISTRIBUTION: ORIGINAL - TO B.I.A. SUPERVISOR, COPY - TO INVOLVED MEMBER

DRUG TEST SPECIMEN AFFIDAVIT

CHICAGO POLICE DEPARTMENT

INSTRUCTIONS: Prepare in duplicate. Original (White) to Collection Unit; copy (Yellow) to member.

Donor I.D. verified

☒ Photo I. D. by Sgt. J. Hermann #923
☐ Employer Representative

Signature of Employer Representative

PART I - A. On the 13 day of July, 2012 at 1535, I, Tiffany MEEKS,
(TIME) (PRINT NAME)
removed the foil-top seal from a cup, and then removed the contents from the cup. I urinated into this
same cup, then I delivered this cup containing my urine specimen to Sgt. J. Hermann,
and witnessed this member: (PRINT RECEIVING STAFF MEMBER'S NAME)

B. Break the Tamper Evident Plastic Filament Link
between the cap and the base of the vial.

C. Pour a portion of my urine specimen into a vial
with the control number printed on it's side.

A	B
MAIN TEST VIAL - NO.	ALTERNATE TEST VIAL - NO.

D. Close the vial cap.

E. Seal the vial with a piece of evidence tape which was placed across the cap and down both sides of the vial.
I then initialed the evidence tape with specimen ID number

F. Place my specimen in a bag which was closed with self adhesive tape. Then I initialed the barcode
label on bag with the number 35657943

EXAMINEE'S SIGNATURE <u>X Sgt. MEEKS</u>	STAR/EMP NO. <u>851</u>	WITNESS'S SIGNATURE <u>Sgt. JH</u>	STAR/EMP NO. <u>1923</u>
RECEIVING STAFF MEMBER'S SIGNATURE <u>Sgt. JH</u>	STAR/EMP NO. <u>1923</u>	SUPERVISOR'S SIGNATURE <u>[Signature]</u>	STAR/EMP NO.

PART II - The urine specimen with the control number 35657943 was received and then secured in the
appropriate Random Drug Testing Unit refrigerator/freezer compartment by:

Cymae, on 07/13/12 at 1700,
(STAFF MEMBER'S SIGNATURE) (DATE) (TIME) (EXAMINEE'S INITIALS)

PART III - I attest that the sealed urine specimen bag containing specimen ID number _____
was removed from the Random Drug Testing Unit refrigerator by _____ (RDTU MEMBER)
and then delivered to _____, on _____, at _____
(LAB MEMBER) (DATE) (TIME)

Specimen received by _____
(LAB MEMBER'S INITIALS) (RDTU MEMBER'S SIGNATURE) STAR/EMP NO.

FORENSIC DRUG TESTING CUSTODY AND CONTROL FORM

SPECIMEN ID NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.

B. MRO Name, Address, Phone and Fax No.

C. Donor SSN or Employee I.D. No.

D. Donor Name: Last

First

E. Donor ID Verified.



Photo ID



Emp. Rep.

F. Reason for Test.



Pre-employment (1)



Random (3)



Reasonable Suspicion/Cause (5)



Post-Accident (2)



Promotion (22)



Return to Duty (6)



Follow-up (23)



Other (specify) (99)

G. Drug Tests to be Performed:

H. Collection Site Name:

Collection Site Code:

Address:

City, State and Zip:

Collector Phone No.:

Collector Fax No.:

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? ☒ Yes ☐ No, Enter Remark

Specimen Collection.



Split



Single



None Provided (Enter Remark)



Observed (Enter Remark)

REMARKS: 006th District

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements

☒ Signature of Collector
Sgt. T. Hermann
(Print) Collector's Name (First, MI, Last)

Time of Collection
11:00 AM
07/18/10
Date (Mo/Day/Yr)

SPECIMEN BOTTLE(S) RELEASED TO:



Quest Diagnostics Courier



FedEx



Other

Name of Delivery Service Transferring Specimen to Lab

RECEIVED

AT LAB: ☒

Signature of Accessioner

(Print) Accessioner's Name (First, MI, Last)

Date (Mo/Day/Yr)

Primary Specimen
Bottle Seal Intact



Yes



No, Enter Remark

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5: COMPLETED BY DONOR

I certify that I provided my specimen to the collector, that I have not adulterated it in any manner, each specimen bottle used was sealed with a tamper-evident seal in my presence, and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct

☒ Signature of Donor

(PRINT) Donor's Name (First, MI, Last)

Date (Mo/Day/Yr)

Daytime Phone No. ()

Evening Phone No. ()

Date of Birth

Mo Day Yr

RANDOM DRUG TESTING UNIT
ALTERNATE COLLECTION RECEIPT

On the 13 day of July 2012, I C. P. MOE # 26836
received a collected urine specimen from X Christopher Pettis # 1184. The specimen
was delivered in sealed / unsealed condition and was received in packaging described as

Select One ☒ A clear and blue CPD evidence/property bag containing two tape-sealed vials (including
one within a sealed Quest Diagnostics specimen bag)

or

☐

The packaging was then opened by C. P. MOE in the presence
of X Christopher Pettis. The following items were removed from the container

Select One ☒ One tape-sealed vial labeled # [REDACTED] within a sealed Quest
Diagnostics specimen bag and one tape-sealed vial labeled # [REDACTED]

or

☐

The specimen vials were then placed in the Random Drug Testing Unit collection site refrigerator/freezer
by C. P. MOE, as witnessed by X Christopher Pettis

Specimen delivered by: [Signature] # 1184
Signature

Received/stored by: C. P. MOE # 26836
Signature

Last Name: MEEKS

First Name: Tiffany

Rank: P.O.

Star #: 8051

Unit: 006

Home Zip Code: 606

Date Hired: 18 Dec 2006

Birthdate: [REDACTED]

TEST RECORD
RET IV

RBT IV# [REDACTED]
DATE 07-13-12
TEST NO. 0498
ID#

103753
AS IV# [REDACTED]
TEMPERATURE 23 C

SUBJECT TEST
TIME

%BAC

000 BLANK

000 AUTO 15:25

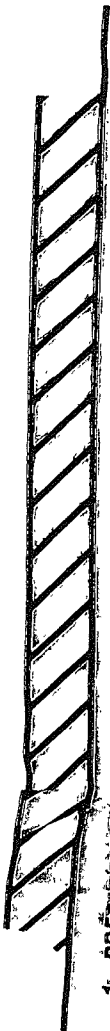
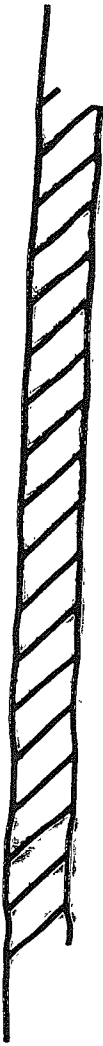
OPERATOR #

HEMAN #923

WITNESS

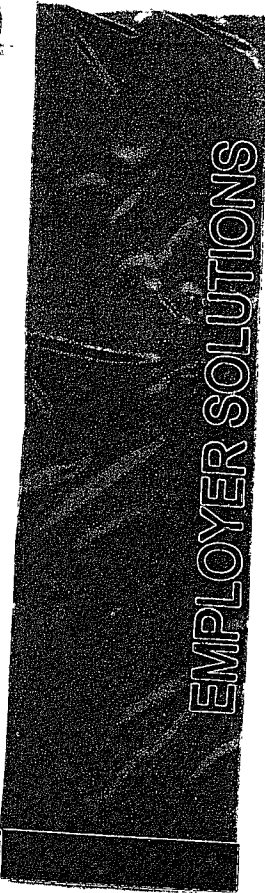
1055510

TEST LOCATION



1. PREPARE OPEN INSTRUCTIONS ON BACK OF CHAIN OF CUSTODY FORM.
2. FOLD CHAIN OF CUSTODY FORM IN HALF AND PLACE IN LARGE POUCH WITH BAR CODE FACING IN.
3. PLACE SPECIMEN IN SMALL POUCH.
4. REMOVE RELEASE LINES FROM FLAP.
5. FOLD BLUE ADHESIVE FLAP TO COVER BLACK CROSS HATCH OPENING.

PPTII



EMPLOYER SOLUTIONS



Quest
Diagnostics®

PLACE DESTINATION
LABEL HERE

IO.	PROP. INVENTORY NO.	DATE RECEIVED	MANNER RECEIVED	
			<input type="checkbox"/> MAIL <input type="checkbox"/> COUNTER <input type="checkbox"/> CRIME LAB	<input type="checkbox"/> OTHER- DESCRIBE
RING OFFICER		STAR NO.	STAR NO.	
NTS - DESCRIBE W0 # [REDACTED]		E & RPS RECEIVING OFFICER [REDACTED]		
IT \$		[REDACTED]		

SEAL WITHIN WHITE AREA
 8/11/93
 1988 07221

Sgt. D. Hernandez 1988

EVIDENCE - PROPERTY ENVELOPE

EVIDENCE & RECOVERED PROPERTY SECTION
CHICAGO POLICE DEPARTMENT

50-A

2.

PROP. INVENTORY NO.

DATE RECEIVED

MANNER RECEIVED

☐ MAIL
☐ COUNTER
☐ CRIME LAB

☐ OTHER-
DESCRIBE

REPORTING OFFICER

STAR NO.

E & RPS RECEIVING OFFICER

STAR NO.

ITEMS - DESCRIBE

AMOUNT \$

WD



Sgt. ~~CON~~ ~~Heath~~ # 1184

EVIDENCE - PROPERTY ENVELOPE

EVIDENCE & RECOVERED PROPERTY SECTION

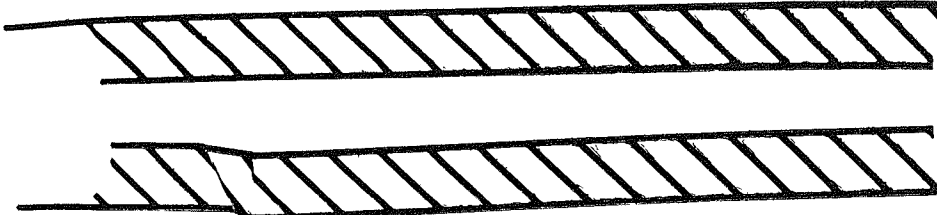
CHICAGO POLICE DEPARTMENT

34-559-A

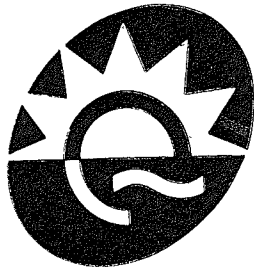
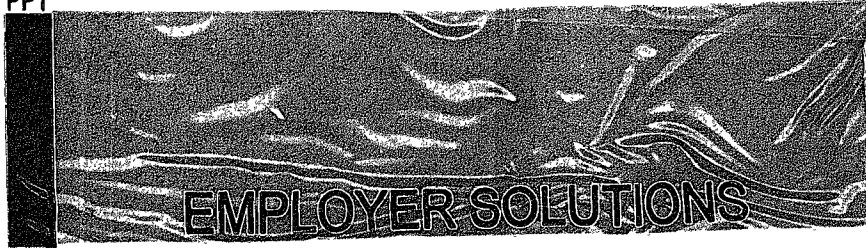
SEAL WITHIN WHITE AREA

1184

1184

- 
1. PREPARE SPECIMEN PER INSTRUCTIONS ON BACK OF CHAIN OF CUSTODY FORM
 2. FOLD CHAIN OF CUSTODY FORM IN HALF AND PLACE IN LARGE POUCH WITH BAR CODE FACING REAR.
 3. PLACE SPECIMEN IN SMALL POUCH.
 4. REMOVE RELEASE LINER FROM FLAP.
 5. FOLD BLUE ADHESIVE FLAP TO COVER BLACK CROSS HATCH OPENING.

PPT



Quest
Diagnostics®



PLACE DESTINATION
LABEL HERE



NO.

PROP. INVENTORY NO.

DATE RECEIVED

MANNER RECEIVED

☐ MAIL
☐ COUNTER
☐ CRIME LAB

☐ OTHER-
DESCRIBE

ING OFFICER

STAR NO.

E & RPS RECEIVING OFFICER

STAR NO.

NTS - DESCRIBE

WD #

[REDACTED]

JNT \$

Sgt. S. Herman #1923

EVIDENCE - PROPERTY ENVELOPE

EVIDENCE & RECOVERED PROPERTY SECTION

CHICAGO POLICE DEPARTMENT

14-559-A

SEAL WITHIN WHITE AREA

Sgt. S. Herman #1923

meas 8061

MISCELLANEOUS INCIDENT EXCEPTION REPORT		REPORT	REPORT	REPORT	REPORT
CHICAGO POLICE DEPARTMENT		REPORT	REPORT	REPORT	REPORT
DATE OF INCIDENT		REPORT	REPORT	REPORT	REPORT
TIME OF INCIDENT		REPORT	REPORT	REPORT	REPORT
LOCATION OF INCIDENT		REPORT	REPORT	REPORT	REPORT
NATURE OF INCIDENT		REPORT	REPORT	REPORT	REPORT
ACTION TAKEN		REPORT	REPORT	REPORT	REPORT
REPORTING OFFICER		REPORT	REPORT	REPORT	REPORT
SUPERVISOR		REPORT	REPORT	REPORT	REPORT
APPROVING OFFICER		REPORT	REPORT	REPORT	REPORT
DATE OF REPORT		REPORT	REPORT	REPORT	REPORT